in hospital, and non-organic presentations. There seems to be an advocacy of a reduction in the ophthalmologist's role as a doctor. Perhaps the 6 patients out of 17 who refused psychiatric referral were correct in expecting more from their ophthalmic physicians. Certainly most patients with psychosomatic presentations do not merit or want psychiatric referral.

A. KARSERAS

Clinics in Rheumatic Diseases. Immunogenetics and Rheumatic Disease. Vol. 8. No. 2. Edited by DERRICK BREWERTON. 1977. Pp. 381, figs, tables, refs. Saunders, Eastbourne (£8.25)

This book consists of 12 excellent reviews of areas of immunogenetics, the HLA and the complement system, and the immunology of rheumatic diseases in which striking advances have been made in recent years. It also examines some of the ocular problems which are associated with joint diseases in general and Still's disease in particular. The editor and the contributors are all recognised experts, and together they have produced a manageable text on this rather complicated subject. The articles are thoughtful and explanatory and will appeal to physicians and ophthalmologists as well as laboratory scientists and students of immunology, who will find this book of great assistance.

AMJAD H. S. RAHI

Ptosis. 2nd edn. By C. BEARD. 1976. Pp. 288, figs., refs. C. V. Mosby, St. Louis (£26.40)

This is the second edition of a book which was published originally in 1969, and it is an authoritative account of the whole complex of ptosis and its related disorders. The text is enhanced by new drawings which illustrate the anatomical and surgical details of the whole subject with great clarity.

The history of ptosis surgery is discussed from the time of the ancient Arabian surgeons, who limited the treatment simply to the removal of redundant skin from the upper eyelids, through all the other techniques involving resection of the tarsal plate, full-thickness resection of the eyelid, suspension from the brow, resection of the levator muscle, utilisation of the superior rectus, and such recent techniques as the use of magnets as a source of elevating power. This is followed by detailed descriptions of the anatomy and physiology of the upper eyelid and its associated structures. Mention is also made of the pathology of ptosis, but knowledge of this is sparse. The main part of the book deals with all the different forms of ptosis and with the multitude of surgical techniques.

There can be few criticisms of a book of this kind, which is written by an ophthalmic surgeon who has made an intense study of the subject based on personal experience of 800 cases (450 in the first edition with 350 other cases added to this second edition). The most controversial issue would appear to be the management of the Marcus Gunn (jaw-winking) phenomenon, when it is advised that the retraction phase should be eliminated by an excision of the aponeurosis and terminal part of the levator, with a repair of the resultant complete ptosis

by a brow suspension procedure, and with a similar operation on the other (unaffected) eye in order to obtain a cosmetically symmetrical result. It is difficult to accept this as sound advice in the handling of such cases, particularly the operation on the unaffected eyelid, and regard must be taken of the spontaneous reduction in the effects of the Marcus Gunn phenomenon in the older child and certainly in the adult. This point is mentioned in the text but without any conviction.

It is perhaps appropriate for the book to mention malignant hyperthermia may result from an abnormal response to certain anaesthetic agents or certain neuromuscular blockers, but it is scarcely a consideration which enters into the taking of a routine history in a case of ptosis.

KENNETH WYBAR

Documenta Ophthalmologica Proceedings Series Vol. 14. Second International Visual Field Symposium, Tübingen, September 19-22, 1976. Edited by E. L. GREVE. 1977. Pp. 479, figs., tables, refs. Junk, The Hague (Dutch. Glds. 150.00)

The proceedings of the Second International Visual Field Symposium contains the papers delivered on 19-22 September 1976 at Tübingen. The editor, Dr E. L. Greve, and publishers are to be congratulated on the speed with which they have produced this book.

Seventy-two papers of varying quality are reported, ranging from excellent to less so. A number of the authors clearly do not use their native tongue when writing in English. The papers form a solid collection not to be read and digested at once but to be assimilated little by little. This approach is facilitated by the book's division into eight sections, each devoted to an aspect of instrumentation or the field defects occurring in different eye conditions. These sections are: automatic perimetry, visual field defects in glaucoma, objective perimetry, visual field in diseases of the fundus and optic disc, visual fields in neuro-ophthalmology, free papers on methodology, free papers on squint, and colour perimetry. Each represents a conference session and is followed with a brief discussion and chairman's summary.

The session on automatic perimetry involved descriptions both of machines used for and patients' reaction to this form of perimetry. Automatic perimeter may produce a complete field analysis or act as a visual field screener. In the first group the Octopus described by Frankhauser and co-workers had been evaluated for the longest period. It transpired, however, that this type of automatic perimetry took three times as long as manual perimetry, considerable mental stamina being required to complete the test. Aulhorn and Durst noted that 35 of 56 patients found this type of perimetry 'very' exhausting, 36 of the 56 preferring manual perimetry. That patients were apt to feel a sense of isolation and confusion, and be unable to follow instructions, was noted by Greve and co-workers. At present this type of complex automatic perimetric analysis does not seem suited for routine clinical use.

A more encouraging picture emerged from the auto-